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PRACTICAL HINTS



SUGGESTIONS FROM A DISTRICT NURSE

THE superstitions one meets in district nursing concerning illness are very curious. It is usually supposed that foreign peoples have more of them, but I have found just as many and as queer ones among our mountain people and remote country people as among the foreigners. The belief in the efficacy of ink as a dressing for burns is quite common. It seems to us altogether preposterous, but must, I think, have arisen in some early time when ink was made, perhaps, from vegetable juices having soothing qualities. The blood of a black chicken for burns seems more remote from common sense, as if it might have been devised by some wizard. But the most curious dressing for burns I ever encountered was one of finely pounded small black beans. It was applied in a thick layer, and I could not trace any connection to an originally common-sense basis, unless it was to contrive a sort of artificial scab under which healing might go on.

We see many burns of all kinds. These poor little tots who crawl around the floor while the mothers wash and work over the stove suffer so many accidents. I could not imagine, at first, what a foreign mother meant who came in and said, "My little boy has cooked himself." On investigation, we found that the child was burned.

It seems to me that, as a regular dressing for burns of the first or second degree, there is nothing more satisfactory than the boric acid ointment. We use it quite regularly as a routine treatment, after flushing the burned surface with Thiersch's solution, weak, and applied in a gentle flow, not touching the part with swabs or cotton if possible to avoid it.

In dressing burns of the first degree, after the blisters have been punctured, I am no longer so zealous in cutting away the loose skin as I used to be when a fresh recruit. I have found that no better protection for the tender under-surface can be devised than this layer of upper skin. I like to keep it there until the new skin has become quite firm and strong, and by snipping it for drainage and by careful irrigation all suppurating points can be kept perfectly well cleaned. I find that other district nurses have learned by experience, as I have, that a burn of the second degree, if treated with stimulating applications, is very likely to run into exuberant granulations, and so give more trouble than ever. I have had this happen when, impatient of slow growth, I had used balsam of Peru perhaps too liberally. However, for burns of the third degree, with much destruction of tissue, the most wonderful results have followed the treatment of one of our surgeons, who applies pure balsam of Peru, with a few drops of pure carbolic acid added, I think about four drops to a half-pint. This he pours copiously over the wound daily, thick padding and bandaging following, and his results in bad cases are surprising.

I have often had occasion to use the dressing I see recommended by Dr. Boswell in one of the late JOURNAL issues—bicarbonate of soda mixed with water to a thick cream and applied liberally. This is the nicest dressing one

can put on a fresh burn or scald, for it seems to "draw out the pain," as the patients say, in a short time in quite a wonderful way.

HINTS IN NURSING MATERNITY PATIENTS

A BREAST-BINDER is useful when the breasts become uncomfortable from distention. In such cases use the binder simply as a support, pinning it just tight enough to make it comfortable.

When for any reason it is expedient to dry up the milk entirely,—e.g., when the infant is still-born,—apply the breast-binder immediately and keep it pinned snugly in position until the eighth or ninth day, placing a pad of cotton between the breasts in order to equalize the pressure. The front of the binder is turned in to fit the figure, and pins placed about one inch apart; the shoulder-flaps should be pinned last.

This procedure is all that is required. The milk disappears naturally and no inconvenience is experienced by the patient.

RULES FOR CUTTING A SNIVELY BREAST-BINDER

THE following rules will be found useful to those who do not understand how a breast-binder should be cut.

Materials.—Sixteen inches of strong, unbleached cotton or calico, one yard wide.

1. Fold the selvedge edges together. Then fold in the same direction again. Your cloth is now four thicknesses, and must remain so until all cutting is finished.

2. Your first cut will be on the side opposite the selvedge edges. Place the scissors two inches from the edge and cut downward eight inches (this will be just one-half), taking a circular direction outward after cutting seven inches. This forms the arm-hole. The straight edge, thirty-six inches long, is now the bottom, and the opposite side the top.

3. Fold the four thicknesses over about four inches. This will bring the selvedge edge even with the first inches of the opening first made for the arm. Press this firmly with the hand so as to leave the mark of the fold. Then unfold. Place scissors three inches from the top on selvedge side, and cut in semicircular direction upward towards the top of the mark of the fold. This forms the neck.

4. Place scissors one inch from top of opening made for arm, cut diagonally upward four inches to top of fold or crease, remembering that while you begin by cutting off *one inch*, you gradually cut less and less as you approach the top of the crease. This forms the shoulders.

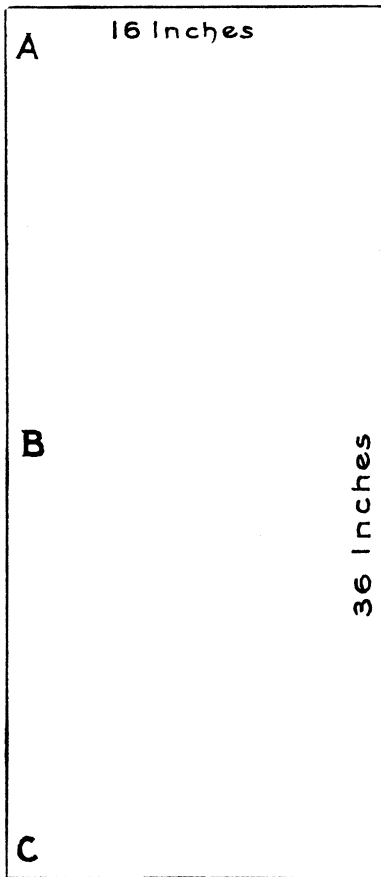
N.B.—No. 4 is not important, as the binder can be made to fit without this cut.

5. In applying binder use safety-pins for shoulders and ordinary pins for the front. The front may be turned in so as to fit the patient, no sewing being required. Should the breast measure more than thirty-six inches, a piece of cotton can be cut lengthwise, making it the required number of inches long and sixteen inches wide. Then cut as directed in Rules 1, 2, and 3.

NOTE.—This breast-binder was invented by Miss Snively, and has been in use in the Toronto General Hospital for several years.

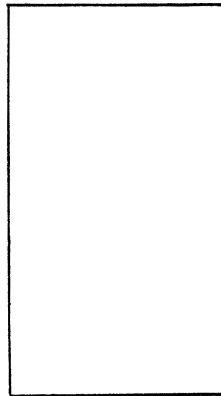
On the following page are given diagrams of the binder, with methods of cutting and making.

No. 1.



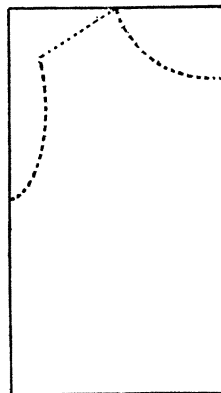
Fold A to B, then B to C.

No. 2.



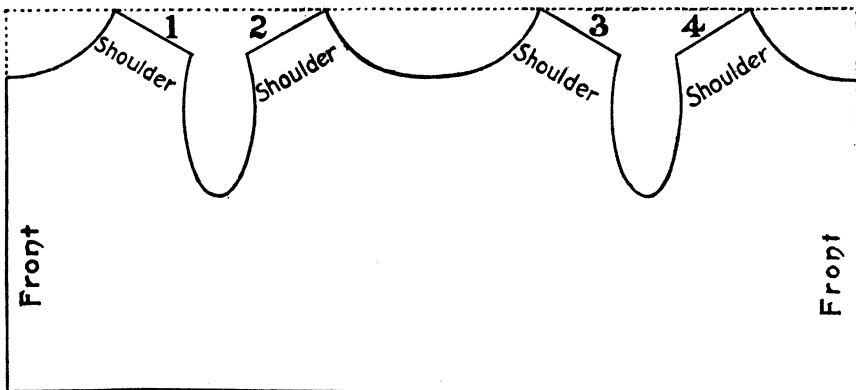
Cloth folded ready for cutting.

No. 3.



The dotted lines indicate the part to be cut out for arms and neck, with centre line representing fold.

No. 4.



Binder completed. Piece Nos. 1 and 2 together and then 3 and 4 together to form the shoulders.

PREPARATION SET FOR LAPAROTOMY

Primary Set.—One abdominal pad; six gauze sponges (puff); six cotton sponges (puff); gauze compress for abdomen; gauze compress for vulva; one piece gauze packing; case or square of muslin for sterilizing it in.

Directions.—The abdominal pad is to be made of a piece of gauze twenty inches in width by thirty-four inches in length; the cotton inside of the pad is to be ten inches long by thirteen in width, so that ample gauze is left to turn in all edges. The sponges are squares of cotton or gauze nine by nine inches, the edges are all turned in, and the four corners twisted together, making a puff.

The compresses of gauze are of half-yard lengths, and can be used either as flat or fluff dressings.

The packing is of gauze. After edges are turned in it is about three-quarters of an inch wide and thirty inches long. The entire set is rolled together and encased in a square of muslin marked "primary preparation set," pinned snugly, and sterilized for one hour. To be used when necessary.

The secondary preparation set consists of about the same articles except the abdominal pad, as by keeping the side next to the skin sterile it can be used after the skin has again been prepared in the morning, before the patient goes to the operating-room. Sterile towels are put around the parts to be prepared, and the nurse is expected to sterilize her hands and arms as well as all utensils used after the shaving of the skin is done.

One of the modes used is: After the bath and hand-wash shave abdomen; cleanse and scrub with green soap, then sterilize hands; put sterile towels around parts; with sterile hands rinse with bichloride 1 to 4000, alcohol, ether; bichloride compress, 1 to 4000; abdominal pad; binder.

Secondary Preparation.—With sterile hands remove abdominal dressings and scrub abdomen with sterile green soap; rinse with sterile water, alcohol, ether; bichloride compress 1 to 2000 over abdomen; abdominal pad; binder.

In some cases the carbolized compress is used instead of the bichloride. This remains moist, and is left until the patient goes to the operating-room, and does not necessitate a secondary preparation.

MOUTH WASH

AN excellent mouth-wash for typhoid patients (or, indeed, any case where the mouth requires attention) is made by diluting peroxide of hydrogen with an equal quantity of water. This cleanses the mouth better than anything the writer ever used. It may then be followed by a simple wash of listerine and water. In cases of sore nipples, the use of Dr. Wansborough's metallic shield is followed by very satisfactory results. This shield is worn in the intervals of nursing, and the theory of its curative properties is that, being applied immediately after nursing, the nipple is immersed in a solution of lactate of lead formed by lactic acid in the milk acting on the metal. The nipples certainly heal rapidly under their use. They have also the advantage of being much less trouble than any application of bismuth or castor-oil, etc. Care must be taken, of course, to wash off the nipple before the child is nursed.

EVERY nurse should read "The American Business Woman," by Cromwell. If she has "savings," it will help her to invest them judiciously. If she has not, it may start her ambition in that direction. The deplorable condition in

which a graduate nurse was recently found emphasizes anew the shiftlessness of nurses in relation to all money matters. When this nurse, who had been earning from twenty to twenty-five dollars weekly, became ill she was absolutely without money. When convalescence occurred and it was necessary to send her away, as she had no relatives or friends, a collection had to be taken up among the nurses, and medical men also were told of her pitiable condition and asked for assistance.

A NURSE who was caring for a child recovering from an operation was one day approached after breakfast by the waitress in the family, who complained of an aching head and back and of a rash on her forehead. The nurse examined the rash closely and thought it resembled that of small-pox, which she had once seen. The master and mistress of the house had gone to the city for the day and the town was a very small one, affording no facilities for illness. The nearest doctor was sent for and the maid isolated on a veranda until his arrival. He had never seen a case of small-pox, but thought this answered the description, so the nurse sent to the city for another doctor, a nurse, and for health officers, and in the meantime looked about her for a suitable place for the maid. The only thing available was an abandoned street-car which had been taken from its wheels and set up in the garden as a playhouse for the children. A cot was placed in this and the maid put to bed. When the parents of the child returned at night they found the house in process of fumigation and an isolation hospital established in the car. This proved a good place for the patient, who stayed there with her nurse throughout her illness. That no other cases developed from this one was doubtless due to the knowledge and prompt action of the first nurse.

MARBLE is very easily destroyed, while most of its injuries are difficult to repair. Acids dissolve marble readily; the stronger the acid, the more rapid its action.

“NERVOUSNESS” and “timidness” are not synonymous. The nervous patient may be very courageous while the one “without nerves” may be easily alarmed.

CHILDREN who have never been taught to repress themselves are excellent subjects for hysteria.

